

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

MS 7/19/93

Rec. July 93-00338

All 7/16/93

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>6/23/93</u>	2 Serial/Patent # <u>08/031562</u>
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER
<input type="checkbox"/> Amendment	5 DATE FILED
<input type="checkbox"/> Extension of Time	6 AMOUNT
<input type="checkbox"/> Notice of Appeal/Appeal	\$ <u>209.00</u>
<input type="checkbox"/> Petition	\$
<input type="checkbox"/> Issue	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$
<input type="checkbox"/> other <u>yellow Sheet</u>	\$
7 TOTAL AMOUNT OF REFUND \$ <u>209.00</u>	
8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment	Treasury Check
<input type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:
No Fee Due (Explanation):	9 <input type="text"/> -- <input type="text"/>
10 REASON:	
<input checked="" type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>Dorothy Dixon</u>	
SIGNATURE: <u>Dorothy Dixon</u>	
OFFICE: <u>Appl. Br.</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: <u>Greda Connally</u>	DATE: <u>7/8/93</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B